Division of Program Compliance - Audits Branch 1600 9th Street, Sacramento, CA 95814 (916) 445-1554, FAX (916) 445-1588

May 16, 2008

Beatrice W. Readel, LCSW, Director Tuolumne County Behavioral Health Department 2 South Green Street Sonora, CA 95370

Dear Ms. Readel:

AUDIT REPORT - TUOLUMNE COUNTY MENTAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Tuolumne County Mental Health for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

NET PROGRAM COSTS

Federal Share of	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Short-Doyle/Medi-Cal	\$ 1,479,040	\$ 1,472,500	\$ (6,540)
Federal Share of Health Families/Medi-Cal	\$ 93,100	\$ 51,921	\$ (41,179)
State General Funds EPSDT Due State	\$ 483,928	\$ 479,951	\$ (3,977)

If you disagree with any of the results of this audit, you may request an informal appeal conference.

Beatrice W. Readel, LCSW, Director May 16, 2008 Page Two

This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vicki Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

Chuku Okemer CHUKWUEMEKA OKEMIRI, CPA Supervisor, Northern Region Audits

Enclosures

Certified Mail

TUOLUMNE COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

					Audit		
		_	As Settled		Adjustments		As Audited
NET REIMBURSABLE MEDI-CAL		_					
PROGRAM COSTS							
MEDI-CAL - FFP		\$	0	s	0	\$	0
HEALTHY FAMILIES - FFP	(Sch. 2a)	•	0	•	ŏ	•	ŏ
TOTAL FFP - COUNTY PROVIDER	(Sch. 2a)	\$]	0	\$_	0	\$_	0
CONTRACT PROVIDERS - FFP	(Sch. 3b)						
MEDI-CAL - FFP	,,	\$	1,479,040	\$	(6,540)	\$	1,472,500
HEALTHY FAMILIES - FFP			93,100		(41,179)		51,921
TOTAL FFP - CONTRACT PROVIDER	(Sch. 3b)	\$ _	1,572,140	\$_	(47,719)	\$_	1,524,421
TOTAL FFP - COUNTY PLUS CONTRACT PRO	OVIDERS						
MEDI-CAL - FFP		\$	1,479,040	\$	(6,540)	\$	1,472,500
HEALTHY FAMILIES - FFP		_	93,100	_	(41,179)	_	51,921
TOTAL FFP - CONTRACT PROVIDER		\$ _	1,572,140	\$=	(47,719)	\$=	1,524,421
SUMMARY OF STATE GENERAL FUNDS							
EPSDT - SGF	(Sch. 4)	\$	483,928	\$_	(3,977)	\$_	479,951

TUOLUMNE SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

Legal		Regular M/Ca and EPSDT Gross Cost	M/Cal E SDT	Regular MiCal EPSDT Enhanced - and EPSDT Children Gross Cost Gross Cost	(3) Enhanced - Refugees Gross Cost	(4). Total Gross Cost (Excl. HFP)	铁 Healthy Families Gross Cost	##) Regular M/Cal and EPSDT Gross Cost	都 EPSDT Enhanced · Children Gross Cost	(称) Enhanced - Refugees Gross Cost	(\$). Total Gross Cost (Excl. HFP)	###) Healthy Families Gross Cost
NUTABLE	c Legal Entity	(MH 1968. Ln 5, 5A, 10,10A)	968. 10,10A)	# # FF (MH 1968, Ln 16, 16A)	A T (E (MH 1968, Ln 22)	(Col. 1 to 3)	(MH 1968, Ln 27, 27A)	3333	O	P. A. T. (MH 1968, Ln 22)	(Col. 6 to 8)	(MH 1968, Ln 27, 27A)
00233	00233 Kings View Corp.	₩	₩	9	\$7	59	\$ 0	2,399,555	63,621 \$	0	\$ 2.463,176	\$ 72.728
00233	00233 Quality Assurance Review Results											

72,728	
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2,463,176	
\$ 0	
63,621	
2,399,555 \$	
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TUOLUMNE SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

			(⊋0) leg. Rates		.≰#¥} o. Rates	(22) Neg. Rates	(23) Neg. Rates		(24)	******	(25)		(24)	(27)	(48)
Legal Entity		_	ceed Costs Excl. HFP)		eed Costs hy Families	Exceed Costs (Excl. HFP)	Exceed Costs Healthy Families	_	Total SD/MC Reimbursement		Ithy Families mbursement		Total oursement	FFP Contract	Lower of FFP or Contract
Number	Legal Entity		IN P. MH 1968.	ATIEN			TIENT	8 .	(FFP)	(8.4)	(FFP)		FFP)	Maximum	 Maximum
			n 38 to 39)	•	MH 1968, 140, 40A)	(MH 1968, Ln 38 to 39)	(MH 1968, Ln 40, 40A)		(MH 1979, Line 21)	(MH	1979, Ln. 27)	(Col.	24 + 25)		
00233	Kings View Corp.	\$	0	\$	0	\$ 0	\$ 0	\$	1,472,935	\$	51,921		1,524,856 \$		\$ 1,524,856
									(435)				(435) \$		\$ (435)

GRAND TOTAL \$ 0 \$ 0 \$ 0 \$ 1,472,500 \$ 51,921 \$ 1,524,421 \$ 0 \$ 1,524,421

(To Sch. 1)

TUOLUMNE COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2003

			Audit	
		As Settled	Adjustments	As Audited
(1)	SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	2,468,354	(20,170)	2,448,184
(2)	Total SD/MC Claims	2,580,659	0	2,580,659
(3)	Percent % (Line 1/Line 2)	95.65%	-0.78%	94.87%
(4)	EPSDT Claims	1,161,551	0	1,161,551
(5)	Actual Cost Settled EPSDT SD/MC			
,	(Line 3 X Line 4)	1,111,024	(9,100)	1,101,924
(6)	Cost Settled Baseline for EPSDT	107,054	0	107,054
(7)	Net Cost Settlement Amount			
	(Line 5 - Line 6)	1,003,970	(9,100)	994,870
(8)	48.56% of Net Cost Settlement Amount			
	(Line 7 x 48.56%)	487,528	_(4,420)	483,109
(8a)	FY 2001-02 EPSDT settlement	451,525	0	451,525
(8b)	Annual Local Growth (L. 8 - 8a)	36,003	(4,419)	31,584
(9)	County Match 10% of Local Growth (8b x 10%)	3,600	(442)	3,158
(10)	Net cost settlement amount (L. 8 - 9)	483,928	(3,977)	479,951
(11)	SGF Distribution (Settled and Audited)	483,928	0	483,928
(12)	SGF Due (State)	0	(3,977)	(3,977)
				(To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY2002-2003, includes increase for FFS/MC provider rate increase.
- (7) Settlement amount prior to 10% match calculation (8)-(9)
- (11) SGF gross distribution (See DMH letter dated October 23, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (13) Amount owed back to the state cannot be more than was advanced or settled.

California Health and Human Services Agency

AUDIT ADJUSTMENTS

Provider	TUOLUMNE	COUNT	·		Provider Number	No. of Adj. 3		eriod Ended /30/03
	Report Ref	erence			4	As	Increase	As
Adj. No	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Audited
				ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT				
1 2	Sch. 3b Sch. 3b	Total Total	24 25	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVIDERS TOTAL REIMBURSEMENT - CONTRACT PROVIDERS		\$ 1,479,040 93,100 \$ 1,572,140	\$ \$ (6,540) \$ (41,179) (47,719)	\$ 1,472,500 \$ 51,921 \$ 1,524,421
				To adjust Total SD/MC Reimbursement (FFP) due to the adjustments to reported costs and units.				
3	Sch. 4	10	3	TOTAL EPSDT SGF		\$ 483,928	\$ (3,977)	\$ 479,951
				To adjust the State General Fund share of EPSDT as a result of adjustmer to SD/MC reimbursements as reflected on Lines 16, 16A, 17, 17A, and 18, Column C of the form MH 1979 of the audited County and contract provide cost reports.				
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

Fiscal Year 2002-2003

County: TUOLUMNE County Code: 55

Legal Entity: TUOLU	MNE COUNTY	A	В	С
Legal Entity Number: 00055		Salaries		Total
		and Benefits	Other	Costs
1 Mental Health Expenditures	S		72,490	72,490
2 Encumbrances				
3 Less: Payments to Conf	tract Providers (County Only)			
4 Other Adjustments (Prov	vide Detail)			
5 Total Costs Before Medi-Ca			72,490	72,490
6 Medi-Cal Adjustments from				
7 Managed Care Consolid				
8 Allowable Costs for Allocati	on			72,490
Administrative Costs (Coun	ty Only)			
9 SD/MC Administration				
10 Healthy Families Admini	stration			
11 Non-SD/MC Administrati	ion			
12 Total Administrative Costs				
Utilization Review Costs (C	ounty Only)			
13 Skilled Professional Med				
14 Other SD/MC Utilization	Review			
15 Non-SD/MC Utilization F	Review			<u> </u>
16 Total Utilization Review Co	sts			
17 Research and Evaluation (0	County Only)			
18 Mode Costs (Direct Service	and MAA)			72,490
	· · · · · · · · · · · · · · · · · · ·			
19 Total Costs - Lines 9 through	jh 18			72,490

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: TUOLUMNE

County Code: 55

	Legal Entity: TUOLUMNE COUNTY	A
Le	gal Entity Number: 00055	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	72,490
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	72,490
9	Total - Lines 2 through 8	72,490

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: TUOLUMNE County Code: 55 CR

	Legal Entity: TUOLUMNE COUNTY	A	В	<u>C</u>	D	E	F	G
Le	gal Entity Number: 00055		Service	Service	Service	Service	Service	Service
	Mode: 60 - Support	Mode Total	Function	Function	Function	Function	_Function_	Function
			30					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		3,625					
3	Gross Cost	72,490	72,490					
4	Cost per Unit		20.00					
5	Non-Medi-Cal Units (Same as Line 2)		3,625					
6	Non-Medi-Cal Costs (Same as Line 3)	72,490	72,490					